

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

26888

State File No.

Registrar's No.

Registration District No.

Primary Registration District No.

791

1003

6680

1. PLACE OF DEATH:

(a) County FILED SEP 17 1941  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
2012 Obear Ave.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution  
In this community 1 49 Years  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME JAMES TUCKER

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Cora Tucker 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Dec. 25. 1865  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
75 7 20 hr. min.

9. Birthplace Cape Girardeau, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Unemployed Inspector

11. Industry or business Lumber

12. Name James Tucker,

13. Birthplace Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Caroline Presnell

15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant James Tucker

(b) Address 2012 Obear Ave.

17. (a) Burial (b) Date thereof Aug. 18,  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director M. D. Stork

(b) Aug 15 1941 2117 E. Grand Blvd.

19. (a) Aug 15 1941 (b) J. F. Brudick  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis 17  
(If outside city or town limits, write "RURAL") 99  
(d) Street No. 2012 Obear Ave.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 15  
year 1941 hour 6 minute 30 A. M.

21. I hereby certify that I attended the deceased from January 1938 to Aug 15, 1941.  
that I last saw him alive on Aug 15, 1941.  
and that death occurred on the date and hour stated above.

Immediate cause of death

Chronic myocarditis

Due to

Due to

Other conditions Serility  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place)  
While at work? (e) Means of injury

23. Signature Eugene L. Arnold (M. D. or other) M.D.  
Address 4356 Duane Date signed 8/15/41

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed

*Frank G. Moore*

Licensed Embalmer No. *3041*

P. O. Address *2117 E. Grand*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**